

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008726	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/09/2015
NAME OF PROVIDER OR SUPPLIER SOUTH LAWN SHELTERED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 512 SOUTH FRANKLIN BUNKER HILL, IL 62014		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Licensure Post Visit to complaints #1543430/ IL78246 and #1543406/ IL78213 of 7/2/15. Statement of Licensure Violations	S 000		
S9999	Final Observations Section 330.725 Identified Offenders f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements: 3) Every licensed facility shall provide to every prospective and current resident and resident's guardian, and to every facility employee, a written notice, prescribed by the Department, advising the resident, guardian, or employee of his or her right to ask whether any residents of the facility are identified offenders. The facility shall confirm whether identified offenders are residing in the facility. This Requirement is NOT MET as evidence by: Based on record review and interview, the Facility failed to notify residents and resident's guardians concerning their right to ask if an identified offender resides in the Facility. This has the potential to effect all 39 residents living in the Facility. 1. R1's facility "Admission Sheet" documents that he was originally admitted to the Facility on 11/26/02. R1's "State of Illinois - Identified Sex Offender Information" documents two counts of criminal sexual abuse of a child.	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>On 12/9/15 at 9:10 AM, E1, Owner, said that she was aware that R1 was a sex offender since his admission to the Facility. E1 said that she posted a notice advising residents, employees and guests of their right to ask if any identified offenders are residing in the Facility and she thought that "was good enough." E1 said that she has never sent a written notice to residents or resident's guardians advising the resident, guardian or employee of his or her right to ask whether any residents of the Facility are identified offenders.</p> <p>Facility documentation, and policies and procedures were reviewed on 12/8/15. There is no documentation present that verifies that notices were ever sent to residents, employees or guardians.</p> <p>The Facility roster dated 12/8/15 documents that there are currently 39 residents living in the Facility. (B)</p> <p>Section 330.920 Consultation Services</p> <p>d) If the facility does not employ a registered professional nurse, the facility shall arrange for consultation from a registered nurse. The consultant shall assist with developing policies, methods and procedures relating to the medical program, medication, in-service on these medications and in-service training on all aspects of personal care.</p> <p>This Requirement is NOT MET as evidence by:</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTH LAWN SHELTERED CARE

**512 SOUTH FRANKLIN
BUNKER HILL, IL 62014**

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S9999	<p>Continued From page 2</p> <p>Based on observation and interview, the Facility fails to employ or consult with a registered nurse. This has the potential to effect all 39 residents who live in the Facility.</p> <p>Findings include:</p> <p>There was no registered nurse present in the Facility throughout the days of 12/8/15 and 12/9/15.</p> <p>E1, Owner, stated in an interview on 12/9/15 at 9:10 AM, that the Facility has not employed the services of a registered nurse consultant for several months. E1 said that the previous contract pharmacy had provided a registered nurse consultant but, they changed pharmacies "several months ago", and the new pharmacy does not provide the service. E1 said that the Facility does not currently employ a registered nurse nor do they have a consulting nurse.</p> <p>The Facility Roster, dated 12/8/15, documents that there are currently 39 residents living in the Facility.</p> <p>(B)</p>	S9999		